

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
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49					
50					
TOTAL IND.	2				
TOTAL DEP.	19				
TOTAL CLAIMS					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS